

**City of Chula Vista**  
**HOME OCCUPATION PERMIT**

Property is zoned: \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_  
Last First Initial Area Number

Address: \_\_\_\_\_  
House No. Street City State Zip Code

DBA (Name of Business): \_\_\_\_\_

Type of Business: \_\_\_\_\_

1. Will the home occupation alter or change the residential character or purpose of the home or apartment? YES ☐ NO ☐
2. Will the home occupation create any appreciable increase in traffic? YES ☐ NO ☐
3. Will the home occupation require additional parking spaces? YES ☐ NO ☐
4. Will the home occupation require the employment of persons other than domestic help? YES ☐ NO ☐
5. Will the home occupation create a nuisance by reason of noise, dust, odor, vibration, fumes, smoke, electrical interference or other causes? YES ☐ NO ☐
6. Will there be any indoor or outdoor storage of materials, equipment or supplies? YES ☐ NO ☐  
If "yes", please state where \_\_\_\_\_ and amount \_\_\_\_\_ cu.ft.
7. Will there be any mechanical equipment used in connection with the home occupation, other than clerical or domestic appliances? YES ☐ NO ☐  
If "yes", the applicant must obtain approval of the Planning Commission for equipment in excess of one (1) horsepower, by filing an application for a **Planning Commission, Request for Action**.

Please read: *"I declare under the penalty of perjury that the foregoing information is true and correct."*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Note: There shall be no external display of products, merchandise or any sign to identify the home occupation. A permit shall be revoked by the Zoning Administrator upon violation of any requirement, condition or limitation, unless such violation is corrected within fifteen (15) days of notice of violations. Any permit may be revoked for repeated violations.

Conditions of approval \_\_\_\_\_

In the event of denial, revocation, or objections to the limitations placed, thereon, an appeal may be made to the Planning Commission within ten (10) days of the determination.

APPROVED ☐

DENIED ☐

\_\_\_\_\_  
Planning Department Representative

\_\_\_\_\_  
Date